

EXHIBIT 132

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: MIGUEL A. SANCHEZ ORTIZ
Participant's Address: HC 5 BOX 5150 YABUCOA RR 00767
Participant's Email Address: _____
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: NO. CLAIM NUMBER

Nature of Claim: _____

By: Miguel A Sanchez Ortiz
Signature

MIGUEL A SANCHEZ ORTIZ
Print Name

Title (if Participant is not an individual)

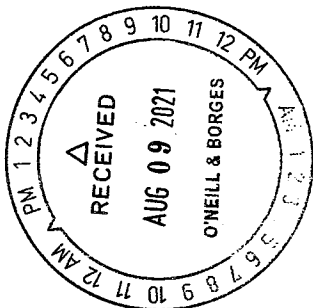
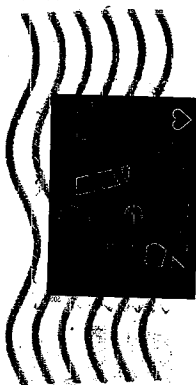
7/7/2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

MIGUEL A SANCHEZ ORTIZ
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7 AUG 2021 PM 1 L



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